



## CRIMINAL RECORD DISCLOSURE

### INSTRUCTIONS TO CERTIFIED ENROLLMENT ENTITY:

This form is to be completed by all individuals applying to become a Certified Enrollment Counselor and mailed directly to Covered California. Certified Enrollment Entity personnel other than the individual applicant included on this form may not view or collect completed forms.

### INSTRUCTIONS TO INDIVIDUALS APPLYING TO BECOME CERTIFIED ENROLLMENT COUNSELORS:

In order to become a Certified Enrollment Counselor, the law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10, Section 6654(d)(8)). Do NOT return this form to the Certified Enrollment Entity. Filled in forms must be returned to Covered California only.

### THIS FORM IS AVAILABLE AT:

[www.healthexchange.ca.gov/documents/CECdisclosure.pdf](http://www.healthexchange.ca.gov/documents/CECdisclosure.pdf)

### THIS FORM MUST BE MAILED TO:

Covered CA  
PO Box 1199  
Sacramento, CA 95814

### You MUST disclose convictions and administrative actions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You did not go to jail or prison or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside per Penal Code Section 1203.4 or the sentence was suspended.

A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty for any crime. Criminal convictions from another State or Federal Court are considered the same as criminal convictions in California. The fingerprints you provide will be used to obtain a copy of any criminal history you may have.

Certified Enrollment Counselors shall report to Covered California any criminal convictions and administrative actions taken by any other agency within 30 calendar days of the date of the conviction or action.

**NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) OR ADMINISTRATIVE ACTIONS THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) OR ADMINISTRATIVE ACTION(S) WILL RESULT IN A DISQUALIFICATION TO BECOME A CERTIFIED ENROLLMENT COUNSELOR.**

Have you ever been convicted of a crime in California?..... YES NO

Have you ever been convicted of a crime from another state, federal court,  
Military proceeding or jurisdiction outside of the U.S.? ..... YES NO

Have you ever had an Administrative Action against you from another  
State Agency? ..... YES NO

If you answered YES to any of the above questions, give details on the back side of this form indicating the date and location of each crime or administrative action and, if desired, the nature and circumstances of the offense. If you need additional space or have more than three offenses or administrative actions to declare, you must use additional sheets and mail in all sheets to the address listed above.

WHAT WAS THE FIRST OFFENSE OR ADMINISTRATIVE ACTION?		
WHEN DID IT OCCUR?	WHERE DID IT OCCUR? CITY:	STATE:
TELL US WHAT HAPPENED (optional):		
WHAT WAS THE SECOND OFFENSE OR ADMINISTRATIVE ACTION?		
WHEN DID IT OCCUR?	WHERE DID IT OCCUR? CITY:	STATE:
TELL US WHAT HAPPENED (optional):		
WHAT WAS THE THIRD OFFENSE OR ADMINISTRATIVE ACTION?		
WHEN DID IT OCCUR?	WHERE DID IT OCCUR? CITY:	STATE:
TELL US WHAT HAPPENED (optional):		

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.</b>		
EMPLOYER NAME		EMPLOYER ID NUMBER (EIN)
YOUR NAME ( <i>PRINT CLEARLY</i> )		SOCIAL SECURITY NUMBER
YOUR ADDRESS		CA DRIVERS LICENSE OR I.D. #
CITY	ZIP	DATE OF BIRTH
SIGNATURE		DATE

<b>PRIVACY STATEMENT</b>
<p>Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.</p> <p>Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).</p> <p><b>NOTE: IMPORTANT INFORMATION:</b> Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters. Covered California must also tell people who ask the name of a Certified Enrollment Entity that has a Certified Enrollment Counselor with a criminal record exemption.</p>